

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U- <u>3263</u>	2. Fiscal Year Covered From: <u>1 / 1 / 05</u> Through: <u>12 / 31 / 05</u>
3. Name and address of person filing. Name <u>Richard L Felber</u> P.O. Box, Bldg., Room No., if any <u>#386</u> Street <u>312 Central Ave.</u> City <u>Minneapolis</u> State <u>Minnesota</u> ZIP Code + 4 <u>55414</u>	4. Name, file number, and address of labor organization. Name <u>Twin Cities Plasterers' Local 265</u> Labor Organization File Number <u>265 540-276</u> P.O. Box, Building and Room Number, if any <u>#386</u> Street <u>312 Central Ave.</u> City <u>Minneapolis</u> State <u>Minnesota</u> ZIP Code + 4 <u>55414</u>
5. Position in labor organization:	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Richard Felber</u>	On <u>2/2/06</u> Date	<u>612-379-1515</u> Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Plasterers & Cabinet Makers Health Fund
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any #500
Street 3001 Metre Drive
City Bloomington
State Minnesota ZIP Code + 4 55425

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Trust Fund for Health & Welfare

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

Trustee Meetings

12.b. Amount.

\$120.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Plasterers & Cabinet Makers Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any #500Street 3001 Metro DriveCity BloomingtonState Minnesota ZIP Code - 4 55425

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Trust Fund for Health & Welfare

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

International Foundation of Employee Benefit Plans Conference

12.b. Amount.

\$3,124.16

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.